MAIL TO: WHMD, MDEQ, Notification Unit PO BOX 30241 Lansing, MI 48909-7741 OR FAX TO: 517-373-4797

<u>unless</u> sending \$50 user fee then mail to: MDEQ, Office of Financial Mgmt, Revenue Ctrl Unit, PO BOX 30657

MIGHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY Waste and Hazardous Materials Division

# SITE IDENTIFICATION **VERIFICATION**

Required under authority of the Natural Resources and Environmental Protection Act, 1994



US EPA RECORDS CENTER REGION 5 

Lansing, MI 48909-8157	PA 451, as amended. Failure to submit the civil or criminal pena					
I. The form is being submitted (see instructions on page 6)	as initial notification: to notify issued site id number (includ DEQ OFFICE OF FINANCIA	e \$50.00 user charge fee an	for the site with previously d submit the form and check to:			
CHECK CORRECT BOX(ES)	as subsequent notification: to owner of a site with a previou					
	as a component of a Hazarde	•	·			
	as a component of the Hazar	dous Waste Report (biennia	report) (submit to WHMD-MDEQ)			
II. Site's ID Number	A. Site's Identification (ID) Number	: MIK668212715				
III. Name of Site (instructions on page 7)	A. Legal company name: MI D	EPT/ENVIRONMENTAL QU	ALITY RRD			
TYPE OR PRINT CLEARLY	B. Site Specific name (d/b/a): FOR	MER W R GRACE & CO				
III. Correct the Name of Site	or add missing information below	(TYPE OR PRINT CLEARL	Y)			
A. Legal company name:						
B. Site Specific Name (d/b/a):		2				
IV. NAICS Code(s) (instructions - page 8)	(A:562910 ) ( ) (Qui) Bi ( ) (A/4) ( )	D.				
V. Correct the NAICS Code(s) for the Site or add new code(s) - up to four codes. (TYPE OR PRINT CLEARLY)						
A						
	<b>A</b>	C. D.				
V. Site Location Address	A. B. Street Address: 14300 HENN ST	D.				
V. Site Location Address and Other Site	Street Address: 14300 HENN ST	<u>. 1947 (1941)                                   </u>	State: MI			
V. Site Location Address and Other Site Information	Street Address: 14300 HENN ST  City, Town, or Village: DEARBORI	<u>. 1947 (1941)                                   </u>	State: MI			
V. Site Location Address and Other Site	Street Address: 14300 HENN ST  City, Town, or Village: DEARBORI  Province or Subdivision:	<u>. 1947 (1941)                                   </u>	Country: U.S.A.			
V. Site Location Address and Other Site Information (instructions on page 8)	Street Address: 14300 HENN ST  City, Town, or Village: DEARBORI  Province or Subdivision:  County Name (MI only): WAYNE	N	Country: U.S.A. Zip/Postal Code: 48126			
V. Site Location Address and Other Site Information (instructions on page 8)  TYPE OR PRINT CLEARLY	Street Address: 14300 HENN ST  City, Town, or Village: DEARBORI  Province or Subdivision:  County Name (MI only): WAYNE  Federal ID Number: 38XXXXX	N (34 Approx./Ave. Num	Country: U.S.A.  Zip/Postal Code: 48126  ber of Employees: UNM			
V. Site Location Address and Other Site Information (instructions on page 8)  TYPE OR PRINT CLEARLY  V. Correct the Site Location	Street Address: 14300 HENN ST  City, Town, or Village: DEARBORI  Province or Subdivision:  County Name (MI only): WAYNE	N (34 Approx./Ave. Num	Country: U.S.A.  Zip/Postal Code: 48126  ber of Employees: UNM			
V. Site Location Address and Other Site Information (instructions on page 8)  TYPE OR PRINT CLEARLY  V. Correct the Site Location Street Address:	Street Address: 14300 HENN ST  City, Town, or Village: DEARBORI  Province or Subdivision:  County Name (MI only): WAYNE  Federal ID Number: 38XXXXX	Approx./Ave. Num	Country: U.S.A.  Zip/Postal Code: 48126  ber of Employees: UNM			
V. Site Location Address and Other Site Information (instructions on page 8)  TYPE OR PRINT CLEARLY  V. Correct the Site Location Street Address: City, Town, or Village:	Street Address: 14300 HENN ST  City, Town, or Village: DEARBORI Province or Subdivision:  County Name (MI only): WAYNE Federal ID Number: 38XXXXX  Address and Other Site Information	N (34 Approx./Ave. Num on or add missing informat State	Country: U.S.A.  Zip/Postal Code: 48126  ber of Employees: UNM			
V. Site Location Address and Other Site Information (instructions on page 8)  TYPE OR PRINT CLEARLY  V. Correct the Site Location Street Address: City, Town, or Village: Province or Subdivision:	Street Address: 14300 HENN ST  City, Town, or Village: DEARBORI Province or Subdivision:  County Name (MI only): WAYNE Federal ID Number: 38XXXXX  Address and Other Site Information	Approx./Ave. Num on or add missing informat State Country	Country: U.S.A.  Zip/Postal Code: 48126  ber of Employees: UNM			
V. Site Location Address and Other Site Information (instructions on page 8)  TYPE OR PRINT CLEARLY  V. Correct the Site Location Street Address: City, Town, or Village: Province or Subdivision: County Name (MI only):	Street Address: 14300 HENN ST  City, Town, or Village: DEARBORI Province or Subdivision:  County Name (MI only): WAYNE Federal ID Number: 38XXXXX  Address and Other Site Information	Approx./Ave. Num on or add missing informat State Country Zip Code	Country: U.S.A.  Zip/Postal Code: 48126 ber of Employees: UNM ion: (TYPE OR PRINT CLEARLY)			
V. Site Location Address and Other Site Information (instructions on page 8)  TYPE OR PRINT CLEARLY  V. Correct the Site Location Street Address: City, Town, or Village: Province or Subdivision:	Street Address: 14300 HENN ST  City, Town, or Village: DEARBORI Province or Subdivision:  County Name (MI only): WAYNE Federal ID Number: 38XXXXX  Address and Other Site Information	Approx./Ave. Num on or add missing informat State Country	Country: U.S.A.  Zip/Postal Code: 48126 ber of Employees: UNM ion: (TYPE OR PRINT CLEARLY)			
V. Site Location Address and Other Site Information (instructions on page 8)  TYPE OR PRINT CLEARLY  V. Correct the Site Location Street Address: City, Town, or Village: Province or Subdivision: County Name (MI only): Federal ID Number:  VI. Site Mailing Address	Street Address: 14300 HENN ST  City, Town, or Village: DEARBORI Province or Subdivision:  County Name (MI only): WAYNE Federal ID Number: 38XXXXX  Address and Other Site Information	Approx./Ave. Num on or add missing informat State Country Zip Code Approx./Ave. Number	Country: U.S.A.  Zip/Postal Code: 48126 ber of Employees: UNM ion: (TYPE OR PRINT CLEARLY)			
V. Site Location Address and Other Site Information (instructions on page 8)  TYPE OR PRINT CLEARLY  V. Correct the Site Location Street Address: City, Town, or Village: Province or Subdivision: County Name (MI only): Federal ID Number:  VI. Site Mailing Address (instructions on page 8)	Street Address: 14300 HENN ST  City, Town, or Village: DEARBORI  Province or Subdivision:  County Name (MI only): WAYNE  Federal ID Number: 38XXXXX  Address and Other Site Information	Approx./Ave. Num on or add missing informat State Country Zip Code Approx./Ave. Number e of Site): U S EPA	Country: U.S.A.  Zip/Postal Code: 48126 ber of Employees: UNM ion: (TYPE OR PRINT CLEARLY)			
V. Site Location Address and Other Site Information (instructions on page 8)  TYPE OR PRINT CLEARLY  V. Correct the Site Location Street Address: City, Town, or Village: Province or Subdivision: County Name (MI only): Federal ID Number:  VI. Site Mailing Address	Street Address: 14300 HENN ST  City, Town, or Village: DEARBORI Province or Subdivision:  County Name (MI only): WAYNE Federal ID Number: 38XXXXX  Address and Other Site Information  Mailing Name (if different than Name	Approx./Ave. Num on or add missing informat  State Country Zip Code Approx./Ave. Number e of Site): U S EPA	Country: U.S.A.  Zip/Postal Code: 48126 ber of Employees: UNM ion: (TYPE OR PRINT CLEARLY)			
V. Site Location Address and Other Site Information (instructions on page 8)  TYPE OR PRINT CLEARLY  V. Correct the Site Location Street Address: City, Town, or Village: Province or Subdivision: County Name (MI only): Federal ID Number:  VI. Site Mailing Address (instructions on page 8)	Street Address: 14300 HENN ST City, Town, or Village: DEARBORI Province or Subdivision: County Name (MI only): WAYNE Federal ID Number: 38XXXXX  Address and Other Site Information Mailing Name (if different than Name Street or P.O. Box: 9311 GROH RC	Approx./Ave. Num on or add missing informat  State Country Zip Code Approx./Ave. Number e of Site): U S EPA	Country: U.S.A.  Zip/Postal Code: 48126 ber of Employees: UNM ion: (TYPE OR PRINT CLEARLY)			

VI. Correct the Site Mailing	Address information or add missing information. (TYPE OR PRINT CLEARLY)
Street Address:	
City, Town, or Village:	State
Province or Subdivision:	Country
County Name (MI only):	Zip Code
VII. Site Contact Person	First Name: BRIAN MI: M Last Name: KELLY Superior (2)
TYPE OR PRINT CLEARLY	Phone Number: (734) 692-7684 Phone Number Extension:
Higher that the	Fax:Numbers Collaboration and Email Address: Programme Base Collaboration Services
VII. Correct the Site Contact	Person information or add missing information. (TYPE OR PRINT CLEARLY)
[contact person at the	First Name: MI: S Last Name:
location site]	Phone Number Extension:
	Fax Number: ( ) Email Address:
VIII. Indian Reservation (instructions on page 9)	Facility on Indian Reservation Land: ☐ yes ☑ no
VIII. Correct the Indian Rese	rvation Status (CLEARLY MARK THE CORRECT BOX)
	Facility on Indian Reservation Land:
IX. Owner and/or Operator of Site	1. Name of Site's Legal (check applicable box(es))  Approx. date became owner &/or operator: 1/1/1992
(instructions on page 9)	Name: PAUL MARTIN
TYPE OR PRINT CLEARLY	Type (check one):    ✓ Private County District Federal  Indian Municipal State Other
	The second of th
IX Correct the Owner and/o	or Operator information or add missing information. (TYPE OR PRINT CLEARLY)
IX. Correct the Owner and/C	
	1. Name of Site's Legal (check applicable box(es))  Approx. date became owner &/or operator:  Downer  Operator  Approx. date ceased as owner &/or operator:
	Name:
	Type (check one): Private County District Federal Municipal State Other
	Name of Site's Legal (check applicable box(es))     Approx. date became owner &/or operator:     Owner    Operator    Approx. date ceased as owner &/or operator:
	Nàme:
	Type (check one): Private County District Federal Indian Municipal State Other

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X. Type of Regulated Waste Activity (Mark 'X' in the a	ppropriate box(es).)
A. Hazardous Waste Activity(ies at this location	Designated facility (hazardous waste received from off-site)
1. Generator of hazardous waste (choose one of the following three categories)  1. Choose one of the following three categories  1. LQG: Greater than 1,000 kg/mo (2,200 lbs) of non-acute hazardous waste, or	<ul> <li>□ a. Treats waste on-site at this location</li> <li>□ b. Stores waste on-site at this location</li> <li>□ c. Disposes of waste on-site at this location</li> <li>□ d. Recycles recyclable materials on-site at this location</li> <li>□ [required submittal of Part A &amp; permit]</li> </ul>
□ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs) of non-acute hazardous waste, or □ c. CESQG: Less than 100 kg/mo of non-acute hazardous waste  [see comments for additional information]	<ul> <li>4. Underground injects waste on-site at this location</li> <li>5. Import agent for hazardous waste</li> <li>6. Generate mixed radioactive waste on-site at this location</li> <li>7. Accepts waste from CESQG &amp; accumulates over 1,000 kg on-site at this location</li> </ul>
For items 2 through 8, check all that apply  2. Transporter of hazardous waste  a. Transport hazardous waste  b. Commingle waste  c. Offloads during transportation	8. Exempt boiler and/or Industrial Furnace on-site at this location  a. Smelting, melting, and refining furnace exemption  b. Small quantity on-site burner exemption  B. Polychlorinated biphenyls (PCBs)  Generated an item, product, or material containing a
C. Used Oil Activity(ies) at this location, check all that apply: (used oil generator only check	concentration equal to or greater than 100 ppm of PCB  D. Universal Waste Activity(ies at this location, check all that apply:  1. Large Quantity Handler
E.2. below a Liquid Industrial Waste Generator)  1. Used Oil Fuel Marketer  a. Marketer who directs shipments of off-specification used oil to used oil burner.  b. Marketer who first claims the used oil meets the specifications  2. Off-specification Used Oil Burner  3. Used Oil Transporter (check one only)  a. Transporter only  b. Transporter with transfer facility  [requires a permit & registration]  4. Used Oil Processor  5. Used Oil Re-refiner  6. Used Oil Collection or Aggregation Point that accepts DIY Used Oil	Type of Universal Waste generating accumulating  a. Batteries b. Thermostats c. Mercury Thermometers d. Devices containing elemental mercury e. Mercury Switches f. Pesticides g. Electric Lamps h. Pharmaceuticals i. Consumer Electronic   2. Destination Facility of Universal Waste (a hazardous waste permit may be required for this activity)
E. Liquid Industrial Waste Activities at this location check all that apply: (not hazardous waste activity)  1. Liquid Industrial Waste Transporter [requires a permit & registration] 2. Transporting Own Waste 3. Liquid Industrial Waste Generator Liquid Industrial Waste Designated Facility	F. Generation of waste ceased or Site closed at this location check one and enter the date (mm/dd/yyyy):  1. No longer generating hazardous, liquid industrial, or universal waste; still in business at this location  2. No longer generating hazardous, liquid industrial, or universal waste; out of business at this location  Date site is no longer generating waste:
and all attached documents, and that based on my inquiry o	personally examined and am familiar with the information submitted in this f those individuals immediately responsible for obtaining the information, d complete. I am aware that there are significant penalties for submitting onment.
Signature of owner, operator, or authorized representative	Name and Official Title (type or print)  Date Signed (mm-dd-yyyy)

### XII. Comments:

If you did not submit this form through the MiTAPS e-Permitting electronic submittal system (htts://secure1.state.mi.us/epermits), you may need to add a comment and a date. Specifically, if there is a change in the activity status under 10.A.1.a-c or 10.C.1, 2, 4, or 5, from you current site activity, the actual data of the site activity change could impact the user fee. Please indicate below the actual date of the site activity change(s) at this site and add and explanation. Otherwise, the effective date of the site activity(ies), specified in Section X, will become effective on the certification date (Section XI). To determine the current site activity, go to the public website at http://www.degstate.mi.us/wdspi.

• .\*

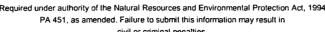
Stein Pritting MEECL Office of Financie Programs Of France PO BOX 20457

MAIL TO: WHMD, MDEQ, Notification Unit PO BOX 30241 Lansing, MI 48909-7741 OR FAX TO: 517-373-4797

unless sending \$50 user fee then mail to:
MDEQ, Office of Financial

MIGHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY Waste and Hazardous Materials Division

## SITE IDENTIFICATION **VERIFICATION**





Mgmt, Revenue Ctrl Unit, PO BOX 30657 Lansing, MI 48909-8157	Required under authority of the Natural Resources a PA 451, as amended. Failure to submit the civil or criminal pen	nis information may result in	
I. The form is being submitted (see instructions on page 6)		_	for the site with previously and submit the form and check to:
CHECK CORRECT BOX(ES)		o change, update, or verify s usly issued site id number (s	ite information for an existing ubmit to WHMD-MDEQ)
	· — · .	lous Waste Permit Part A (su rdous Waste Report (biennia	nbmit to WHMD-MDEQ) all report) (submit to WHMD-MDEQ)
II. Site's ID Number	A. Site's Identification (ID) Number	r: MIK668212715	
III. Name of Site (instructions on page 7)	A. Legal company name: MI [	DEPT/ENVIRONMENTAL QU	ALITY RRD
TYPE OR PRINT CLEARLY	B. Site Specific name (d/b/a): MI [	DEPT/ENVIRON QLTY FORI	MER W R GRACE & CO
III. Correct the Name of Site	or add missing information below	(TYPE OR PRINT CLEARL	.Y) .
A. Legal company name:			
B. Site Specific Name (d/b/a):			
IV. NAICS Code(s) (instructions - page 8)	A.562910 B.	C. D.	
IV. Correct the NAICS Code	(s) for the Site or add new code(s)	- up to four codes. (TYPE	OR PRINT CLEARLY)
	A. B	C. D.	
V. Site Location Address	Street Address: 14300 HENN ST		
and Other Site Information	City, Town, or Village: DEARBOR	N	State: MI
(instructions on page 8)	Province or Subdivision:	· .	Country: U.S.A.
TYPE OR PRINT	County Name (MI only): WAYNE		Zip/Postal Code: 48126
CLEARLY	Federal ID Number: 38XXXX	X34 Approx./Ave. Num	ber of Employees: UNM
V. Correct the Site Location	Address and Other Site Informati	on or add missing informat	tion. (TYPE OR PRINT CLEARLY)
Street Address:			***************************************
City, Town, or Village:		State	
Province or Subdivision:		Country	
County Name (MI only):		Zip Code	
Federal ID Number:		Approx./Ave. Numbe	r of Employees
VI. Site Mailing Address	Mailing Name (if different than Nam	ne of Site): MDEQ RRD PRO	OGRAM SUPPORT
(instructions on page 8)	Street or P.O. Box: 525 W ALLEGA	N STREET	
	City, Town, or Village: LANSING		
TYPE OR PRINT	City, Town, or Village: LANSING State: MI	Province or Subdivision:	

IX. Correct the Owner and/or Operator information or add missing information. (TYPE OR PRINT CLEARLY)  1. Name of Site's Legal (check applicable box(es))  Owner Operator Approx. date became owner &/or operator:  Name:  Type (check one): Private County District Federal	VI. Correct the Site Mailing	Address information or add missing	g information. (TYPE OR PRINT CLEARLY)
Province or Subdivision:  Country Name (MI only):  VII. Site Contact Person (instructions on page 9)  TYPE OR PRINT CLEARLY  Phone Number: (517) 373-3898   Phone Number Extension: Fax Number:   Phone Number Extension:   Fax Number:   Phone Number: (TYPE OR PRINT CLEARLY)  VII. Correct the Site Contact Person information or add missing information. (TYPE OR PRINT CLEARLY)  [contact person at the location site]   Phone Number: ()   Phone Number Extension:   Fax Number: ()   Phone Number Extension:   Fax Number: ()   Phone Number Extension:   Fax Number: ()   Email Address:    VIII. Indian Reservation (instructions on page 9)  VIII. Correct the Indian Reservation Status (CLEARLY MARK THE CORRECT BOX)  Facility on Indian Reservation Land:   yes   no    IX. Owner and/or Operator of Site (instructions on page 9)  TYPE OR PRINT   Name of Site's Legal (check applicable box(es))   Approx. date became owner &/or operator:   1/1/1992    IX. Owner and/or Operator   Operator	Street Address:		
Country Name (MI only):    Zip Code	City, Town, or Village:		State
County Name (MI only):	Province or Subdivision:		Country
(instructions on page 9) TYPE OR PRINT CLEARLY Fax Number:  VII. Correct the Site Contact Person information or add missing information. (TYPE OR PRINT CLEARLY)  [contact person at the location site]  VIII. Indian Reservation (instructions on page 9)  VIII. Indian Reservation (instructions on page 9)  VIII. Correct the Indian Reservation Status (CLEARLY MARK THE CORRECT BOX)  Facility on Indian Reservation Land:	County Name (MI only):	[190] Maria . A second state of	Zip Code
TYPE OR PRINT CLEARLY Fax Number:   Fax Number:   Email Address:	II.	First Name: DAVE	MI: Last Name: "WAHL" BEDDE RED No. 44
Contact person at the location site]	TYPE OR PRINT	Phone Number: (517) 373-3898	Phone Number Extension:
Phone Number: ( )   Phone Number Extension:	VII. Correct the Site Contact	Person information or add missing	information. (TYPE OR PRINT CLEARLY)
Fax Number: ( )	[contact person at the	First Name:	MI: Last Name:
VIII. Indian Reservation (instructions on page 9)  VIII. Correct the Indian Reservation Status (CLEARLY MARK THE CORRECT BOX)  Facility on Indian Reservation Land:	location site]	Phone Number: ( )	Phone Number Extension:
Content the Indian Reservation Status (CLEARLY MARK THE CORRECT BOX)   Facility on Indian Reservation Land:		Fax Number: ( )	Email Address:
IX. Owner and/or Operator of Site (instructions on page 9)   1. Name of Site's Legal (check applicable box(es))   Approx. date became owner &/or operator: 1/1/1992		Facility on Indian Reservation Land:	☐ yes ☑ no
IX. Owner and/or Operator of Site (instructions on page 9)  1. Name of Site's Legal (check applicable box(es))    Owner   Operator   Operator	VIII. Correct the Indian Rese	ervation Status (CLEARLY MARK Th	IE CORRECT BOX)
IX. Owner and/or Operator of Site (instructions on page 9)    Name:   PAUL MARTIN		Facility on Indian Reservation Land:	☐ yes ☐ no
Name: PAUL MARTIN   Type (check one): Private   County   District   Federal   Other   CLEARLY	-		
TYPE OR PRINT CLEARLY  IX. Correct the Owner and/or Operator information or add missing information. (TYPE OR PRINT CLEARLY)  1. Name of Site's Legal (check applicable box(es)) Owner Operator Approx. date became owner &/or operator: Approx. date ceased as owner &/or operator: Name: Type (check one): Private County District Federal		Name: PAUL MARTIN	
iX. Correct the Owner and/or Operator information or add missing information. (TYPE OR PRINT CLEARLY)  1. Name of Site's Legal (check applicable box(es))			Municipal   State   Other   Other   Municipal   State   Other   Othe
IX. Correct the Owner and/or Operator information or add missing information. (TYPE OR PRINT CLEARLY)  1. Name of Site's Legal (check applicable box(es)) Owner Operator Approx. date became owner &/or operator: Approx. date ceased as owner &/or operator: Name: Type (check one): Private County District Federal			The second of th
1. Name of Site's Legal (check applicable box(es))  Owner  Operator  Approx. date became owner &/or operator: Approx. date ceased as owner &/or operator:  Name:  Type (check one):  Private  County  District  Federal	IX Correct the Owner and/o	or Operator information or add miss	
Type (check one): Private County District Federal		Name of Site's Legal (check application)	able box(es)) Approx. date became owner &/or operator:
		Name:	
│		Type (check one): Private Indian	County District Federal Municipal State Other
2. Name of Site's Legal (check applicable box(es))  Owner  Operator  Approx. date became owner &/or operator:  Approx. date ceased as owner &/or operator:			**
Name:		Name:	
Type (check one): Private County. District Federal Indian Municipal State Other			

tion to be delighed to the professional and the constraint of the

EQP5150-v (rev. 05/04)

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A. Hazardous Waste Activity(ies at this location 1. Generator of hazardous waste (choose one of the following three categories)    a. LGG: Greater than 1.000 kg/mo (2,200 lbs) of non-acute hazardous waste, or S. D. S. GG: 100 to 1.000 kg/mo (22,200 lbs) of non-acute hazardous waste or non-acute hazardous waste or non-acute hazardous waste or non-acute hazardous waste (see comments for additional information)   For items 2 through 8, check all that apply 2 Transporter of hazardous waste   D. Commingle waste		X. Type of Regulated Waste Activity (Mark 'X' in the a	ppropriate box(es).)	
Seempt boiler and/or Industrial Furnace on-site at this location		1. Generator of hazardous waste (choose one of the following three categories)  a. LQG: Greater than 1,000 kg/mo (2,200 lbs) of non-acute hazardous waste, or  b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs) of non-acute hazardous waste, or  c. CESQG: Less than 100 kg/mo of non-acute hazardous waste	□ a. Treats waste on-site at this location □ b. Stores waste on-site at this location □ c. Disposes of waste on-site at this loc □ d. Recycles recyclable materials on-sit	te at this location  is location  is location  site at this location
all that apply: (used oil generator only check E.2. below a Liquid Industrial Waste Generator)  1. Used Oil Fuel Marketer  a. Marketer who directs shipments of off-specification used oil to used oil burner.  b. Marketer who first claims the used oil meets the specifications  c. Off-specification Used Oil Burner  3. Used Oil Transporter (check one only)  a. Transporter only  b. Transporter with transfer facility  [requires a permit & registration]  4. Used Oil Processor  5. Used Oil Re-refiner  6. Used Oil Olar Re-refiner  6. Used Oil Olar Re-refiner  1. Liquid Industrial Waste Activities at this location check all that apply: (not hazardous waste permit & registration)  2. Transporting Own Waste  3. Liquid Industrial Waste Transporter [requires a permit & registration]  2. Transporting Own Waste  3. Liquid Industrial Waste Designated Facility  4. Liquid Industrial Waste Generator  4. Liquid Industrial Waste Designated Facility  Capture Specification of the separation of the second of the security of the second of the secon		2. Transporter of hazardous waste  a. Transport hazardous waste  b. Commingle waste  c. Offloads during transportation	<ul> <li>□ a. Smelting, melting, and refining furna</li> <li>□ b. Small quantity on-site burner exempt</li> <li>B. Polychlorinated biphenyls (PCBs)</li> <li>□ Generated an item, product, or material contents</li> </ul>	ace exemption otion
specification used oil to used oil burner b. Marketer who first claims the used oil meets the specifications   C. Off-specification Used Oil Burner   3. Used Oil Transporter (check one only)   a. Transporter only   b. Transporter only   c. Mercury Switches   pesticides   pestic	100	all that apply: (used oil generator only check E.2. below a Liquid Industrial Waste Generator)  1. Used Oil Fuel Marketer	Large Quantity Handler     Type of Universal Waste generating	
☐ 7. Collection Center or Aggregation Point that accepts DIY Used Oil       ☐ 2. Destination Facility of Universal Waste (a hazardous waste permit may be required for this activity)         E. Liquid Industrial Waste Activities at this location check all that apply: (not hazardous waste activity)       F. Generation of waste ceased or Site closed at this location check one and enter the date (mm/dd/yyyy):         ☐ 1. Liquid Industrial Waste Transporter [requires a permit & registration]       ☐ 1. No longer generating hazardous, liquid industrial, or universal waste; still in business at this location         ☐ 2. Transporting Own Waste       ☐ 2. No longer generating hazardous, liquid industrial, or universal waste; out of business at this location         ☐ 3. Liquid Industrial Waste Generator       ☐ 2. No longer generating waste; out of business at this location         ☐ 3. Liquid Industrial Waste Designated Facility       Date site is no longer generating waste:         XI. Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. Lam aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.         Signature of owner, operator, or authorized       Name and Official Title (type or print)       Date Signed		specification used oil to used oil burner.  b. Marketer who first claims the used oil meets the specifications  2. Off-specification Used Oil Burner  3. Used Oil Transporter (check one only)  a. Transporter only  to Transporter with transfer facility  [requires a permit & registration]  4. Used Oil Processor  5. Used Oil Re-refiner	c. Mercury Thermometers  d. Devices containing elemental mercury  e. Mercury Switches  f. Pesticides g. Electric Lamps h. Pharmaceuticals	f1
location check all that apply: (not hazardous waste activity)		7. Collection Center or Aggregation Point that accepts DIY Used Oil	waste permit may be required for this a	ctivity)
and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information,  I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.  Signature of owner, operator, or authorized  Name and Official Title (type or print)  Date Signed		location check all that apply: (not hazardous waste activity)  1. Liquid Industrial Waste Transporter [requires a permit & registration]  2. Transporting Own Waste 3. Liquid Industrial Waste Generator	location check one and enter the date (mm/c  ☐ 1. No longer generating hazardous, liqu universal waste; still in business at th  ☐ 2. No longer generating hazardous, liqu universal waste; out of business at th	dd/yyyy): id industrial, or is location id industrial, or
		and all attached documents, and that based on my inquiry of I believe that the submitted information is true, accurate, and	f those individuals immediately responsible for obtaining d complete. I am aware that there are significant penalti	g the information,
			Name and Official Title (type or print)	

### XII. Comments:

(OBOR) (NATO NATA National Auditor

If you did not submit this form through the MiTAPS e-Permitting electronic submittal system (htts://secure1.state.mi.us/epermits), you may need to add a comment and a date. Specifically, if there is a change in the activity status under 10.A.1.a-c or 10.C.1, 2, 4, or 5, from you current site activity, the actual data of the site activity change could impact the user fee. Please indicate below the actual date of the site activity change(s) at this site and add and explanation. Otherwise, the effective date of the site activity(ies), specified in Section X, will become effective on the certification date (Section XI). To determine the current site activity, go to the public website at http://www.degstate.mi.us/wdspi.



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# STATE OF MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY LANSING



### HAZARDOUS WASTE AND/OR LIQUID INDUSTRIAL WASTE SITE

This letter confirms that the Michigan Department of Environmental Quality (MDEQ) received the information you submitted to update the data maintained under the site identification number issued under Part 111, Hazardous Waste Management, Section 324.11101 et seq. or Part 121, Liquid Industrial Waste, Section 324.12101 et seq. of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (NREPA).

Enclosed is a copy of the pre-populated site verification form EQP5150-v with the site's identification number listed (see I. Site's ID Number, A. Identification Number).

Please verify the existing data and submit any corrections to the MDEQ at the address indicated on the form.

You can also use this form at a later date to update information due, for example, to a change in the facility name or in the owner(s) or operator(s) of the facility.

In contrast, a new site identification form must be submitted if the business moves to another location (since the ID number is assigned to the physical location).

You can obtain a copy of Part 111, Hazardous Waste Management, and administrative rules or Part 121, Liquid Industrial Waste, by downloading it from the "waste" page (look for the "Hazardous Waste" link at the MDEQ web page at http://www.michigan.gov/deq. You can obtain a paper copy of Part 111 (for postage for 1 ounce), Part 121 (for postage for 1 ounce), or the Part 111 rules (for \$12.45, plus postage for 3 pounds) by sending a self-addressed 12" by 15" envelope with postage affixed and a check payable to the "State of Michigan" for the correct amount to:

WASTE AND HAZARDOUS MATERIALS DIVISION
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
HAZARDOUS WASTE AND RADIOLOGICAL PROTECTION SECTION
PO BOX 30241
LANSING MI 48909-7741

If you have any questions concerning the enclosed data or the site identification form please contact a Site Identification Program Coordinator at 517-335-2690.

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### EMSL Analytical, Inc.

212 South Wagner Road, Ann Arbor, Mi 48103

Phone: (734) 688-6810 Fax: (734) 868-8932 Email: annarborlab@emsl.com

Project: COC:0118-041505-0030, REAC Site#118, EPA Contract:

7346688532

Attn: John Johnson

**Lockheed Martin** 

2890 Woodbridge Bidg. 209 Annex

Edison, NJ 08837-3679

**Customer ID:** 

LOCK55

**Customer PO:** Received:

05/18/05 9:37 AM

EMSL Order:

080501931

Phone: (732) 321-4200

EMSL Proj: Analysis Date:

5/18/05

EP-C-04-032

Report Date:

5/19/05

## Phase Contrast Microscopy (PCM) Fiber Count by NIOSH 7400, Fourth Edition, Issue 2, 8/15/94

Sample	Location	Sample Date	Volume .	Fibers	Fields	LOD (fib/cc)	Flbers/ mm²	Fibers/ cc Nates	
WRGD-0144	<del></del>	5/18/05	3600.00	7.0	100	0.0007	8.92	0.001	
080501931-0001	•								
WRGD-0145		5/18/05	3240.00	10.0	100	0.0008	12.7	0.002	
080501831-0002									
WRGD-0146		5/18/05	3600.00	<5.5	100	0.0007	<7.0	<0.0007	
080501931-0003					•				
WRGD-0147		5/18/05	3600.00	10.0	100	0.0007	12.7	0.001	<del> </del>
080501931-0004				•					
WRGD-0148		5/18/05	3800.00	6.D	100	0.0007	7.64	0.0008	·
080501931-0006									
WRGD-0149		5/18/05	3600.00	<5.5	100	0.0007	<7.0	<0.0007	
080501931-0006									
WRGD-0153		5/18/05		<5.5	100		<7.0	Fleid Blank	
080501931-0007									

Analyst(s)

Avis Caneday (7)

John Ireland, Ph.D. or other approved signatory

Limit of dataction is 7 fibere/mm<sup>3</sup>. The informatory is not responsible for data reported in fibere/co, which is dependent on votume collected by non-laboratory personnel. This report relates only to the campiles reported above. This report may not be reproduced, except in full, without written approval by EMSL. Unless otherwise noted, the results in this report have not been blank corrected.

Analysis performed by EMSL Ann Arbor

PCM-2

THIS IS THE LAST PAGE OF THE REPORT.